

WISCONSIN DEVELOPMENT ZONE JOBS TAX CREDIT SCREENING QUESTIONNAIRE

The employer with which you are applying for employment with is in the Development Zone Program, and **may be eligible to take a tax credit for hiring individuals from certain groups of applicants.** This form will assist the employer in identifying these individuals. The information you provide will be **used solely to determine eligibility status for the tax credit and will be held in strict confidence.**

PLEASE PRINT

Name and Address of Applicant (include zip code)	Telephone Number: Social Security Number: County:
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Dislocated Workers

During the last five years, have you been unemployed due to a plant closing or layoff?.... ☐ Yes ☐ No

If Yes, date of layoff (month/year)_____ Years employed on job? _____

Name of company?_____

Have you worked for this company before?..... ☐ Yes ☐ No

Vocational Rehabilitation Referrals

Do you have a disability that is a barrier to employment?..... ☐ Yes ☐ No

If yes, what is your counselor's name?_____

Agency_____ Phone # _____

W2/SSI/General Assistance/Food Stamps

Is your family eligible for the Wisconsin Works (W-2) program (includes payments, food stamps, medical assistance, childcare services)?..... ☐ Yes ☐ No

Did you receive Supplemental Security Income benefits during the last 60 days?..... ☐ Yes ☐ No

Did you receive General Assistance benefits during the last 60 days?..... ☐ Yes ☐ No

Did your family receive food stamps during the last six months?..... ☐ Yes ☐ No

Name of caseworker or agency?_____ Phone # _____

Economic Revitalization Area

Do you live on the Menominee, Mole Lake or Lac du Flambeau Indian reservations? ☐ Yes ☐ No

Did you live in the City of Milwaukee? ☐ Yes ☐ No

Address _____

Verify eligibility using Address Locator link at http://egis.hud.gov/egis/cpd/rcezec/ezec_open.htm

(Continue on reverse side.)

Economically Disadvantaged Veterans/Ex-Felons/Youth

Are you an U.S. Armed Forces veteran ?..... ☐ Yes ☐ No

Name of Job Service Veteran's representative? _____

Phone # _____

Were you convicted of a felony and released from prison during the last 5 years?..... ☐ Yes ☐ No

Name of parole/probation officer? _____

Phone # _____

Are you at least 18 years old but under 23?..... ☐ Yes ☐ No

If so, date of birth _____ (Include proof of age documentation.)

If you answered "YES" to any of the above three questions, please complete the following section. The form cannot be processed without this information.

Family Size

Enter the number of family members now living in your household, including yourself.... _____

- **Note:** All persons related by blood, marriage or adoption are considered members of a family. Do not include an individual 18 years of age or older who receives less than 50% of their support from the family.

If you are under 18 years old, are you living in a family (household) that received Wisconsin Works (W2) benefits, General Assistance or Supplemental Security Income (SSI)?..... ☐ Yes ☐ No

Family Income (Read and follow instructions on the next page)

List total income received by all members of the family (household) for the **LAST SIX MONTHS**.

1. Gross wages or salary. Include total money earnings, before deductions, for work performed as an employee..... _____
2. Self-employment income. Include net money income (gross receipts minus expenses). _____
3. If applicant or members of family reside on an operating farm, include net income received from the sale of farm products..... _____
4. Other income. Include money received from rent, social security benefits, OASI (Old Age Survivor's Insurance) and Federal Disability Insurance, pensions, interest, and periodic income from insurance policy annuities..... _____

Total Family (Household) Income... _____

AFFIDAVIT

I understand that by providing this information I may be assisting an employer in receiving a State Tax Credit. I certify that the information provided above is true to the best of my knowledge and that I have no fraudulent intent. I am also aware that the information I have provided is subject to verification. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. Falsification may constitute fraud.

Applicant Signature	Date Signed	Parent or Guardian Counter Signature if applicant is under 18 years of age.	Date Signed

Include the Following in Determining Family Income for the Past 6 Months:

If a family's only source on income was from wages and salary payments, family income would be equal to gross wages or salary received.

- **Gross Wages or Salary:** The total money earnings received for work performed as an employee. It represents the amount paid **before deductions** for income taxes, social security, bond purchases, union dues, etc. Wages and salaries received by individuals through public service employment and on-the-job training under Workforce Investment Act (W.I.A.) and the Emergency Employment Act of 1971 and Title X of the Public Works and Economic Development Act are **included** in the income computations.

Income earned while on Nation Guard/Army Reserve duty is included because this is not considered active duty.

- **Self-Employment Income:** Net money income (gross receipts minus operating expenses) from a business firm, farm, or other enterprise in which a person is engaged on his/her own account.
- **Other Income:** Money income received from such sources as net rents, interests, social security benefits (OASI), pensions, alimony and periodic income from insurance policy annuities, contests and lotteries, governmental retirement payments and armed forces retirement payments.

Do Not Include the Following in Annual Family Income:

- Non-cash income, such as food stamps or wages received in the form of food or housing.
- Cash value of owner-occupied property.
- Cash welfare payments: Federal, State, or local welfare payments, such as AFDC, SSI, and Foster Care. (Any member of a family receiving welfare payments as a family or through an individual member, is economically disadvantaged. Wards of the state, including foster children, who receive aid from the state or local government shall automatically be considered economically disadvantaged.)
- Payments made to participants of employment and training programs, such as payments for training, work experience, transportation, and dependency allowances, including college or vocational school work study programs.
- Capital gains and losses.
- One-time unearned income, such as the following examples (not intended to be a complete list, but designed to show examples of one-time unearned income.):
 1. Payments received for a limited fixed term under income maintenance programs and supplemental unemployment benefit plans.
 2. One-time (or fixed term) scholarship and fellowship grants.
 3. Accident, health, and casualty insurance proceeds.
 4. Disability and death payments, including fixed-term (but not lifetime) life insurance annuities and death benefits.
 5. One-time awards and gifts.
 6. Inheritances, including fixed-term annuities.
 7. Fixed-term worker's compensation awards.
 8. Terminal leave pay.
 9. Soil bank payments.
 10. Agriculture crop stabilization payments.
 11. Alaska oil trust fund disbursements for economic development
- Social Security Disability Insurance.
- Payments for child support.
- Payments received under the Trade Readjustment Act of 1974 as amended.
- Federal, State, or local unemployment benefits.

Veterans Only – In addition, Do Not Include the Following in Annual Family Income:

The effect of Section 2013, Chapter 42, of Title 38, U.S. Code (P.L. 92-540) Vietnam Era Veteran's Readjustment Assistance Act of 1972 on the definition of economically disadvantaged in calculating family income is to exclude the following:

- Amounts received as pay and allowances by any person while serving on active duty in the armed forces.
- Educational assistance and compensation payments under Chapters 11, 13, 31, 34, 35, and 36 of Title 38, United States Code.

NOTE: Title 38 U.S.C. Chapter references are as follows:

11. Compensation for Services Connected Disability or Death
13. Dependency and Indemnity Compensation for Service-Connected Death
31. Vocational Rehabilitation
34. Veterans' Educational Assistance
35. War Orphans' and Widows' Educational Assistance
36. Administration of Educational Assistance

WIA INCOME GUIDELINES FOR DETERMINING ECONOMICALLY DISADVANTAGED INDIVIDUALS

Poverty Guidelines Effective 01/23/08
70% LLSIL Guidelines Effective 04/25/08

NUMBER IN FAMILY, INCLUDING APPLICANT	POVERTY GUIDELINES	70% OF THE LOWER LIVING STANDARD INCOME LEVEL (LLSIL)*		
		A. Metro	B. Non-Metro	C. Mil. SMSA
1	\$10,400	\$8,392	\$8,040	\$8,149
2	\$14,000	\$13,756	\$13,171	\$13,357
3	\$17,600	\$18,880	\$18,080	\$18,338
4	\$21,200	\$23,309	\$22,317	\$22,637
5	\$24,800	\$27,504	\$26,340	\$26,715
6	\$28,400	\$32,172	\$30,804	\$31,241
7	\$32,000	\$36,840	\$35,268	\$35,767
8	\$35,600	\$41,508	\$39,732	\$40,293
9	\$39,200	\$46,178	\$44,196	\$44,819
10	\$42,800	\$50,844	\$48,660	\$49,345
11	\$46,400	\$55,512	\$53,124	\$53,871
12	\$50,000	\$60,180	\$57,588	\$58,397
For each additional family member, add	\$3,600	\$4,668	\$4,464	\$4,526

*The LLSIL may vary according to location in the state:

- COLUMN A** is for all of the metropolitan areas of the state, **except the Milwaukee Standard Metropolitan Statistical Area.**
*This includes Douglas, Chippewa, Eau Claire, Marathon, La Crosse, Brown, Sheboygan, Outagamie, Winnebago, Calumet, Rock, Dane, *Racine, and Kenosha Counties.*
- COLUMN B** is for all of the non-metropolitan areas of the state.
- COLUMN C** is for the Milwaukee-Racine Metropolitan Statistical Area which includes Ozaukee, Washington, Waukesha, and Milwaukee Counties.

Please notice that for some WDAs with both metropolitan and non-metropolitan areas, you will have to use one of two columns, depending on whether the applicant lives in a metropolitan or non-metropolitan area, unless the Workforce Development Board has chosen to use only one, in which case, you must use the lower (non-metro) column.